

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-013743

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

319

Primary Registration District No.

4469

Registrar's No.

21

FILED APR 2 1962

1. PLACE OF DEATH

a. COUNTY

STE. GENEVIEVE

b. CITY (If outside corporate limits, give TOWNSHIP only)

STE. GENEVIEVE

Length of stay in 1b

40 yrs

c. FULL NAME OF (If NOT in hospital, give location)

STE. GENEVIEVE HSTN

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO STE. GENEVIEVE

b. COUNTY

c. CITY

STE. GENEVIEVE

OR TOWN

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)

643 N. 3rd St

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

JOHN

Middle

EDWARD

Last

DALLAS

4. DATE OF DEATH

Month

MARCH

Day

25

Year

1962

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

10/10/87

9. AGE (last birthday)

74

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LABORER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

OZARK MO

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

JOHN DALLAS

13b. MOTHER'S MAIDEN NAME

MARY SIBERT

14. NAME OF HUSBAND OR WIFE

THERESA M. ROTH

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

NO

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Hannay Dallas Ste. Genevieve Mo

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerosis, generalized

INTERVAL BETWEEN ONSET AND DEATH

14 day

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Left cerebral hemorrhage

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Diabetic melitus

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☒ No☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK

☐

NOT WHILE AT WORK

☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

Machado, 1962

COUNTY

STATE

21. I attended the deceased from March 21, 1958, to March 25, 1962 and last saw him alive on March 25, 1962

Death occurred at 2:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Dr. Lanning M.D.

22b. ADDRESS

St. Genevieve Mo.

22c. DATE SIGNED

3/26/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

3/28/62

23c. NAME OF CEMETERY OR CREMATORY

VALLEY SPRING

23d. LOCATION (City, town, or county)

STE. GENEVIEVE MO

(State)

24. FUNERAL DIRECTOR

ADDRESS

McC. Rader Ste. Genevieve Mo

25. DATE RECD. BY LOCAL REG.

27 March 1962

26. REGISTRAR'S SIGNATURE

George F. Wood

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1 0951

2 0951

3 2

4 0

5 2

6

7 0

8 2

9 9331X

10

11

12 86-0

13 1-0

APR 6 1962

APR 12 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Adrian J. Ehler

Licensed Embalmer No. 4740

P. O. Address Sta. Genevieve Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.